



Middle East Respiratory Syndrome Coronavirus (MERS-CoV) Infection

County _____

LHJ Use ID _____

☐ Reported to DOH

Date ____/____/____

LHJ Classification

☐ Confirmed

☐ Probable

☐ Patient Under Investigation (Suspect)

By: ☐ Lab ☐ Clinical

☐ Epi Link: _____

☐ Outbreak-related

LHJ Cluster# _____

LHJ Cluster

Name: _____

PHL Lab # _____

DOH Outbreak # _____

REPORT SOURCE

LHJ notification date ____/____/____ Investigation start date ____/____/____

Reporter (check all that apply) ☐ Lab ☐ Hospital ☐ HCP

☐ Public health agency ☐ Other

OK to talk to case? ☐ Yes ☐ No ☐ DK Date of interview ____/____/____

Reporter name _____

Reporter phone _____

Primary HCP name _____

Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____

Address _____ ☐ Homeless

City/State/Zip _____

Phone(s)/Email _____

Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: _____

Zip code (school or occupation): _____ Phone: _____

Occupation/grade _____

Employer/worksite _____ School/child care name _____

Birth date ____/____/____ Age _____

Gender ☐ F ☐ M ☐ Other ☐ Unk

Ethnicity ☐ Hispanic or Latino

☐ Not Hispanic or Latino ☐ Unk

Race (check all that apply)

☐ Amer Ind/AK Native ☐ Asian

☐ Native HI/other PI ☐ Black/Afr Amer

☐ White ☐ Other ☐ Unk

Language: _____

CLINICAL INFORMATION

Onset date: ____/____/____ ☐ Derived

Diagnosis date: ____/____/____

Illness duration: _____ days

Signs and Symptoms

Y N DK NA

☐ ☐ ☐ ☐ **Fever** Highest measured temp (°F): _____

☐ ☐ ☐ ☐ Chills

☐ ☐ ☐ ☐ **Dry Cough** Onset date ____/____/____

☐ ☐ ☐ ☐ **Productive cough** Onset date ____/____/____

☐ ☐ ☐ ☐ Shortness of breath

☐ ☐ ☐ ☐ Runny nose

☐ ☐ ☐ ☐ Sore throat

☐ ☐ ☐ ☐ Diarrhea

☐ ☐ ☐ ☐ Vomiting

☐ ☐ ☐ ☐ Abdominal pain

☐ ☐ ☐ ☐ Headache

☐ ☐ ☐ ☐ Muscle aches

☐ ☐ ☐ ☐ Other: _____

Clinical Findings

Y N DK NA

☐ ☐ ☐ ☐ **Pneumonia clinically diagnosed**

☐ ☐ ☐ ☐ **Pneumonia on x-ray, CT, or MRI**

☐ ☐ ☐ ☐ **Acute respiratory distress syndrome (ARDS)**

☐ ☐ ☐ ☐ Kidney failure

☐ ☐ ☐ ☐ Admitted to intensive care unit

☐ ☐ ☐ ☐ Mechanical ventilation

☐ ☐ ☐ ☐ Treated with antiviral medications

Type 1, dose: _____

Dates started: ____/____/____ stopped: ____/____/____

Type 2, dose: _____

Dates started: ____/____/____ stopped: ____/____/____

Hospitalization

Y N DK NA

☐ ☐ ☐ ☐ Hospitalized at least overnight for this illness

Hospital name _____

Admit date ____/____/____ Discharge date ____/____/____

Y N DK NA

☐ ☐ ☐ ☐ **Died from illness** Death date ____/____/____

☐ ☐ ☐ ☐ Healthcare visit prior to death

☐ ☐ ☐ ☐ Autopsy ☐ Specimens available: _____

Laboratory

P = Positive O = Other N = Negative
NT = Not Tested I = Indeterminate

P N I O NT

☐ ☐ ☐ ☐ ☐ **MERS CoV PCR**

Date: ____/____/____ Specimen type: _____

☐ ☐ ☐ ☐ ☐ Influenza PCR Test type: _____ Lab: _____

Result: ☐ flu ☐ paraflu ☐ adeno ☐ HMP ☐ RSV

Date: ____/____/____ Specimen type: _____

☐ ☐ ☐ ☐ ☐ Bacterial cultures

Result: ☐ Staph ☐ Strep ☐ Legion. ☐ H. flu

Date: ____/____/____ Specimen type: _____

Predisposing Conditions

Y N DK NA

☐ ☐ ☐ ☐ Any current conditions such as:

☐ Smoker ☐ Cancer in past year

☐ Chemotherapy ☐ Immunocompromised

☐ Hemoglobinopathy ☐ Organ transplant

☐ Steroid therapy ☐ Chronic heart disease

☐ Asthma ☐ Chronic lung disease

☐ Hemodialysis ☐ Chronic kidney disease

☐ Diabetes ☐ Chronic liver disease

☐ Other: _____

☐ Obesity Ht: ____ (in) Wt: ____ (lbs)

☐ ☐ ☐ ☐ Pregnant if yes, weeks: _____

outcome: _____

INFECTION TIMELINE

Enter onset date (first sx) in heavy box. Count forward and backward to figure probable exposure and contagious periods

Days from onset:

Exposure period*

-14 -1

o
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t

Contagious period

Consider contagious until 10 days after fever resolves, assuming respiratory symptoms absent or improving.

Calendar dates:

EXPOSURE

Y N DK NA

- ☐ ☐ ☐ ☐ **Travel to an area with confirmed MERS**
(Arabian Peninsula or neighboring countries or Republic of Korea)
Countries: _____
- ☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine
Out of: ☐ County ☐ State ☐ Country
Dates/Locations: _____
- ☐ ☐ ☐ ☐ Others in household; if yes, total incl. case: _____
- ☐ ☐ ☐ ☐ Contact with symptomatic traveler returning from Arabian Peninsula or neighboring country
Countries of travel: _____
- ☐ ☐ ☐ ☐ Contact with pneumonia or influenza-like illness

Y N DK NA

- ☐ ☐ ☐ ☐ Healthcare worker
- ☐ ☐ ☐ ☐ Healthcare setting exposure
As: ☐ Healthcare worker ☐ Lab work ☐ Patient
Setting: ☐ Hospital ☐ ER ☐ Outpatient
☐ Long term care ☐ Other _____
- ☐ ☐ ☐ ☐ U.S. military
- ☐ ☐ ☐ ☐ Air flight crew
- ☐ ☐ ☐ ☐ Congregate living or employment
☐ Barracks ☐ Corrections ☐ Long term care
☐ Dormitory ☐ Boarding school ☐ Camp
☐ Shelter ☐ Other: _____
- ☐ ☐ ☐ ☐ Animal exposure
☐ Bat ☐ Cow ☐ Goat ☐ Camel
☐ Sheep ☐ Cat ☐ Other: _____
- Description and location of contact (e.g., farm): _____

☐ Patient could not be interviewed

☐ No risk factors or exposures could be identified

Where did exposure probably occur? ☐ In WA (County: _____) ☐ US but not WA ☐ Not in US ☐ Unk

Exposure details: _____

PUBLIC HEALTH ISSUES

Y N DK NA

- ☐ ☐ ☐ ☐ Nosocomial infection suspected
- ☐ ☐ ☐ ☐ Work/volunteer in healthcare setting during contagious period
Facility name: _____
- ☐ ☐ ☐ ☐ Close contact works in healthcare setting
- ☐ ☐ ☐ ☐ Surgical masks used by patient during transport
- ☐ ☐ ☐ ☐ Healthcare staff used personal protective equip.
☐ Gloves ☐ Gowns ☐ Eye protection
☐ N95 or higher ☐ Facemask ☐ Unknown
- If hospitalized:
- ☐ ☐ ☐ ☐ Negative pressure room
- ☐ ☐ ☐ ☐ Private room

PUBLIC HEALTH ACTIONS

- ☐ Outbreak investigation
- ☐ Home isolation instructions given Date: ____/____/____
- ☐ Contact quarantine instructions given
Number recommended for quarantine: _____
- ☐ Healthcare facility notified

NOTES**OPTIONAL TRAVEL WORKSHEET**

Dates	Departure/arrival cities	Mode of travel (air, bus, etc.)	Number (e.g., flight)	Ill contacts

OPTIONAL HOUSEHOLD WORKSHEET

#	Name	Relationship*	Age (yrs)	Ill (Y/N)	T>100F	Cough	Sore throat	Diarrhea	Onset
1									/ /
2									/ /
3									/ /
4									/ /

* 1=spouse, 2=mother, 3=father, 4=son, 5 = daughter, 6=sister, 7=brother, 8=cousin, 9=aunt, 10=uncle, 11=grandmother, 12=grandfather, 13=no relation, 19=other

Investigator _____ Phone/email: _____ Investigation complete date ____/____/____

Local health jurisdiction _____ Record complete date ____/____/____

MERS-CoV: case defining variables are in **bold**. Answers are: Yes, No, Unknown to case, Not asked /Not answered